

Work Order ID 163264***163264***

Page 1

Tuesday, June 27, 2017 10:03:09 AM

Item ID: D5123-7 Accept ***N900040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Clamp Cushion
Start Date: 6/27/2017 Start Qty: 100.00 ***100*** Cust Item ID:
Required Date: 7/11/2017 Req'd Qty: 100.00 ***100*** Customer:
Reference:

Approvals: Process Plan: DAS 21 Date: JUN 27 2017 Tooling: _____ Date: _____ Run Start ***NR1***
QC: 3-89 Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
D5123	D

100

0.00

JUN 28 2017

DAS
13
9-89***100***

Purchasing

Purchasing

Memo

ISSUE P/O: 36854
SUPPLIER : GARLAND MANUFACTURING COMPANY
MANUFACTURE AS PER DWG D5123-7

C OF C IS REQUIRED

0.00

100

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Packaging

Memo

0.00

AUG 15 2017

DAS
6
9-89100

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval 		
Description Work Order Deviation				Disposition					
								Completed By	
								Lead hand / Supervisor Approval Verification	
								QC / QA Coordinator Approval	

Root Cause				FAULT CATEGORY			
Environment ☐	☐	No Re-verification	☐	Pressure/Forced	☐	Temperature/Cure	☐
Design ☐	☐	Operator	☐	Bending	☐	Set-up	☐
Doc/Data ☐	☐	Offset/Setup	☐	Centre Not Concentric	☐	BOM/Route	☐
Equip/Tooling ☐	☐	Supplier	☐	Cracks	☐	Broken/Damage/Defect	☐
Handling/Pre ☐	☐	Training	☐	Crimp/Kink/Ripple/Wave	☐	Inspection Incomplete/Unqualified	☐
Material ☐	☐	Use for Testing	☐	Cuffs	☐	Contamination	☐
Internal Transport ☐	☐	Poor Information	☐	Crushing	☐	Countersink	☐
Tribal Knowledge ☐	☐	Rushing	☐	Heat Treat	☐	Cut Too Short	☐
LOA ☐	☐	Product Improvement	☐	Wave/Twist in Tube	☐	Instructions Incomplete/Unclear	☐
Substation ☐	☐	Process Improvement	☐	Marks/Chatter	☐	Drill Holes	☐
Past Expiry Date ☐	☐	Manufacturing Process	☐	OTHER : _____			
Misidentified ☐	☐	Past Due	☐				

Work Order ID 163264

163264

Page 2

Tuesday, June 27, 2017 10:03:09 AM

Item ID: D5123-7 Accept *N900040100* Setup Start *NS1*
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Item Name: Clamp Cushion
Start Date: 6/27/2017 Start Qty: 100.00 *100* Cust Item ID:
Required Date: 7/11/2017 Req'd Qty: 100.00 *100* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC6- All purchased or subcontracted products Memo	0.00 2.00				100			DAS 38 AUG 17 2017
130 *130* Packaging Packaging	Identify as per dwg & Stock Location: <u>L6052</u> Memo	0.00 1.00				100			DAS 6 9-89 AUG 17 2017
140 *140* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 10.00							DAS 21 9-89 AUG 21 2017

um 17/8/18

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval		
Description Work Order Deviation				Disposition				Completed By	
								Lead hand / Supervisor Approval Verification	
								QC / QA Coordinator Approval	
Root Cause		FAULT CATEGORY							
Environment ☐ Design ☐ Doc/Data ☐ Equip/Tooling ☐ Handling/Pre ☐ Material ☐ Internal Transport ☐ Tribal Knowledge ☐ LOA ☐ Substation ☐ Past Expiry Date ☐ Misidentified ☐	No Re-verification ☐ Operator ☐ Offset/Setup ☐ Supplier ☐ Training ☐ Use for Testing ☐ Poor Information ☐ Rushing ☐ Product Improvement ☐ Process Improvement ☐ Manufacturing Process ☐ Past Due ☐	Pressure/Forced ☐ Bending ☐ Centre Not Concentric ☐ Cracks ☐ Crimp/Kink/Ripple/Wave ☐ Cuffs ☐ Crushing ☐ Heat Treat ☐ Wave/Twist in Tube ☐ Marks/Chatter ☐	Temperature/Cure ☐ Set-up ☐ BOM/Route ☐ Broken/Damage/Defect ☐ Inspection Incomplete/Unqualified ☐ Contamination ☐ Countersink ☐ Cut Too Short ☐ Instructions Incomplete/Unclear ☐ Drill Holes ☐	Power Loss/Surge ☐ Folio/Program ☐ Grain ☐ Weld ☐ Wrong Stock Pulled ☐ Out of Sequence ☐ Off-set ☐ Misabeled ☐ Fit/Function ☐ Misaligned/off center ☐	Positioned Wrong ☐ Outside Dimensions ☐ Over/Under tolerance ☐ Part Incorrect ☐ Part Lost/Missing ☐ Part Moved ☐ Drawing ☐ Finish ☐ Misread ☐ Turning Sequence ☐				
OTHER : ☐									

Picklist Print

Tuesday, June 27, 2017 10:03:12 AM

Page 1

Work Order ID: 163264

163264

Parent Item: D5123-7

D5123-7

Parent Item Name: Clamp Cushion

Start Date: 6/27/2017

Required Date: 7/11/2017

Start Qty: 100.00

Required Qty: 100.00

Comments: IPP REV:A 15.03.19 NEW ISSUE DD VERF:JLM IPP
REV:B 16-11-11 AS PER DWG REV.D DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D5123-7F		Purchased	No			100	Each	0.0000	1	100			
D5123-7F									**				
Clamp Cushion													

AUG 15 2017

DAS
6
9-89

DQA: _____ Date: _____

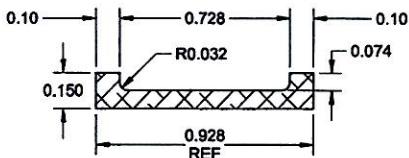


WORK ORDER NON-CONFORMANCE / UPDATE

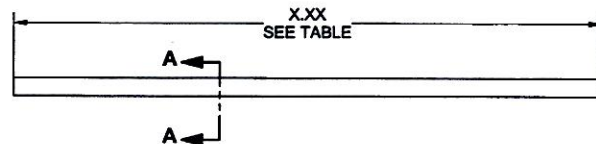
QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____		DISPOSITION Rework ☐ Scrap ☐ Use-as-is ☐ Suspected Unapproved ☐		AGAINST DEPARTMENT/PROCESS Skid-tube ☐ Machining ☐ Thermoforming ☐ Large Fab ☐ Cross tube ☐ Small Fab ☐ Finishing ☐ Composite ☐ Water Jet ☐ Prod. Eng. Coord. ☐ Rec/Store/Packaging ☐ Supplier ☐ Engineering ☐ Quality ☐ Other ☐					
Date :		Step #:		QTY Effective :			MRB (QSI042) Approval		
Description Work Order Deviation				Disposition				Completed By Lead hand / Supervisor Approval Verification QC / QA Coordinator Approval	
Root Cause		FAULT CATEGORY							
Environment ☐	No Re-verification ☐	Pressure/Forced ☐	Temperature/Cure ☐	Power Loss/Surge ☐	Positioned Wrong ☐				
Design ☐	Operator ☐	Bending ☐	Set-up ☐	Folio/Program ☐	Outside Dimensions ☐				
Doc/Data ☐	Offset/Setup ☐	Centre Not Concentric ☐	BOM/Route ☐	Grain ☐	Over/Under tolerance ☐				
Equip/Tooling ☐	Supplier ☐	Cracks ☐	Broken/Damage/Defect ☐	Weld ☐	Part Incorrect ☐				
Handling/Pre ☐	Training ☐	Crimp/Kink/Ripple/Wave ☐	Inspection Incomplete/Unqualified ☐	Wrong Stock Pulled ☐	Part Lost/Missing ☐				
Material ☐	Use for Testing ☐	Cuffs ☐	Contamination ☐	Out of Sequence ☐	Part Moved ☐				
Internal Transport ☐	Poor Information ☐	Crushing ☐	Countersink ☐	Off-set ☐	Drawing ☐				
Tribal Knowledge ☐	Rushing ☐	Heat Treat ☐	Cut Too Short ☐	Mislabeled ☐	Finish ☐				
LOA ☐	Product Improvement ☐	Wave/Twist in Tube ☐	Instructions Incomplete/Unclear ☐	Fit/Function ☐	Misread ☐				
Substation ☐	Process Improvement ☐	Marks/Chatter ☐	Drill Holes ☐	Misaligned/off center ☐	Turning Sequence ☐				
Past Expiry Date ☐	Manufacturing Process ☐								
Misidentified ☐	Past Due ☐								
		OTHER : ☐							

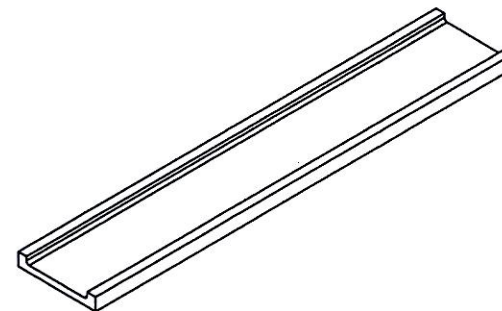


SECTION A-A
SCALE 2X



D5123-Y CLAMP CUSHION

PART NUMBER	LENGTH X.XX (IN)
D5123-1	5.00
D5123-3	4.25
D5123-5	6.00
D5123-7	3.95



SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

NO. 163 264 MLS
170627

NOTES:

- 1) MATERIAL: MAKE FROM D4287-1 OR VIRGIN GAR-DUR UHMW-PE, NATURAL, (GARLAND MANUFACTURING COMPANY)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 METHOD 6.7
- 7) WEIGHT: LESS THAN 0.01 lbs

RELEASED
2016-11-09
EN 16-589

APPROVED

D	ADD PURCHASE OPTION- NEW SUPPLIER REASON: CIR16-69	DB	16.05.09
C	ADD D5123-7	CP	15.01.21
B	ADDED D5123-5 CLAMP CUSHION, ADDED TABLE, ADDED THICKNESS TO PART	AP	14.08.19
A	NEW ISSUE	AP	14.08.06
REV.	DESCRIPTION	BY	DATE
DESIGN	AP	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DB		
CHECKED	ML	DRAWING NO.	REV. D
MFG. APPR.	DD	D5123	SHEET 1 OF 1
APPROVED	WM	TITLE	SCALE
DE APPR.	DS	CLAMP CUSHION	NTS
DATE	16.05.09	COPYRIGHT © 2014 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

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Root Cause			FAULT CATEGORY							
Environment	☐	No Re-verification	☐	Pressure/Forced	☐	Temperature/Cure	☐	Power Loss/Surge	☐	Positioned Wrong
Design	☐	Operator	☐	Bending	☐	Set-up	☐	Folio/Program	☐	Outside Dimensions
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Equip/Tooling	☐	Supplier	☐	Cracks	☐	Broken/Damage/Defect	☐	Weld	☐	Part Incorrect
Handling/Pre	☐	Training	☐	Crimp/Kink/Ripple/Wave	☐	Inspection Incomplete/Unqualified	☐	Wrong Stock Pulled	☐	Part Lost/Missing
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Past Expiry Date	☐	Manufacturing Process	☐	OTHER :						
Misidentified	☐	Past Due	☐							

This invoice must be completed in English

COMMERCIAL INVOICE

EXPORTER : Tax ID# : Contact Name : Roxanne Smead Telephone No. : 2072833693 E-Mail : dgarland@garlandmfg.com Company Name/Address : Garland Manufacturing 55 Industrial Park Road Saco ME 04072 Country : United States Parties to Transaction: ☐ Related ☐ Non-Related Payment Terms : Purpose of Shipment : Sold (Commercial)	Ship Date : 09 Aug, 2017 Air Waybill No. / Tracking No. / Bill of Lading : 779886377113 Invoice No. : Purchase Order No. : PO36854																
CONSIGNEE : Tax ID# : Contact Name : CHANTAL LAVOIE Telephone No. : 613-632-9577 E-Mail : Company Name/Address : DART AEROSPACE 1270 ABERDEEN STREET HAWKESBURY ON K6A1K7 Country : Canada	SOLD TO (if different from Consignee) : ☐ Same as CONSIGNEE : Tax ID# : Company Name/Address : Garland Manufacturing 55 Industrial Park Road Saco ME 04072 Country : United States																
If there is a designated broker for this shipment, please provide contact information Name of Broker Tel No. Contact Name Duties and Taxes Payable by ☒ Exporter ☐ Consignee ☐ Other If Other, please specify																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>No. of Packages</th> <th>No. of Units</th> <th>Unit of Measure</th> <th>Description of Goods</th> <th>Harmonized Tariff Number</th> <th>Country of Origin</th> <th>Unit Value</th> <th>Total Value</th> </tr> </thead> <tbody> <tr> <td></td> <td>250.00</td> <td>EA</td> <td>Sold (Commercial) - UHMW PLASTIC PARTS</td> <td>392110</td> <td>US</td> <td>1.574000</td> <td>393.50</td> </tr> </tbody> </table>		No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Unit Value	Total Value		250.00	EA	Sold (Commercial) - UHMW PLASTIC PARTS	392110	US	1.574000	393.50
No. of Packages	No. of Units	Unit of Measure	Description of Goods	Harmonized Tariff Number	Country of Origin	Unit Value	Total Value										
	250.00	EA	Sold (Commercial) - UHMW PLASTIC PARTS	392110	US	1.574000	393.50										
Total No. of Packages : 1 Total Weight (Indicate LBS or KGS) : 5.00 lbs																	
Special Instructions : Declaration Statement(s) : These items are controlled by the U.S. Government and authorized for export only to the country of ultimate destination for use by the ultimate consignee or end-user(s) herein identified. They may not be resold, transferred, or otherwise disposed of, to any other country or to any person other than the authorized ultimate consignee or end-user(s), either in their original form or after being incorporated into other items, without first obtaining approval from the U.S. government or as otherwise authorized by U.S. law and regulations. I declare that all the information contained in this invoice to be true and correct																	
Originator or Name of Company Representative if the invoice is being completed on behalf of a company or individual : Signature / Title / Date <i>Roxanne Smead export manager 8/9/17</i>																	
Terms of Sale : FCA Subtotal : 393.50 Insurance : 0.00 Freight : 0.00 Packing : 0.00 Handling : 0.00 Other : 0.00 Invoice Total : 393.50 Currency Code : USD																	
09 Aug, 2017																	

Carrier Code: FDEG**INTERNATIONAL
SHIPMENT NUMBER****310168555**

FedEx Ground OP-089 8/13

International Ground One-Time General Agency Agreement (GAA) completion Instructions

Why must the One-Time General Agency Agreement (GAA) be completed?

It provides FedEx Trade Networks Transport & Brokerage (Canada), Inc. (FedEx Trade Networks) the legal authority to act on behalf of you or your company with the Canada Border Services Agency (CBSA) to facilitate clearance of your FedEx Ground shipments to Canada. By completing this One-Time GAA, you or your company will become the Non-Resident Importer (NRI) on your FedEx Ground shipment to Canada. A NRI is responsible for payment of all duties, taxes, clearance entry and ancillary fees for their FedEx Ground shipments to Canada.

What will happen if the One-Time GAA is not completed at time of shipping?

Potentially it could cause a delay in clearance through the CBSA while FedEx Trade Networks contacts you to complete a One-Time GAA form once your FedEx Ground shipment arrives at the Canadian border.

How many copies of this document should be included with your Commercial Invoice?

There should be three signed copies or originals of the One-Time GAA form included with your Commercial Invoice in the Customs pouch on the package in your FedEx Ground shipment to Canada.

What fields must be completed on the One-Time GAA form?

1. **Legal Name of Importer:** full legal name of your business in the United States.
2. **Business Address:** complete business address including zip code.
3. **Nature of Goods:** clear description of the type of goods that are in your FedEx Ground shipment to Canada.
4. **Phone:** day-time telephone number where your company can be reached.
5. **Fax:** fax number that can be used to send documents to you or your company.
6. **Email Address:** email address that can be used to send you or your company documents or electronic communications.
7. **Tracking Number(s):** the FedEx Ground Tracking ID numbers for your FedEx Ground shipment to Canada.
8. **Signature of Importer or Official Representative:** the signature of your company's official representative is required on the One-Time GAA form (three copies or originals) which should be included with your commercial invoice on your FedEx Ground shipment to Canada.
9. **Date of Signature:** date that you signed this One-Time GAA document.



ONE-TIME GENERAL AGENCY AGREEMENT AGENT'S AUTHORITY FOR ENTRY OF A SINGLE IMPORTATION

I hereby authorize FedEx Trade Networks Transport & Brokerage (Canada), Inc. (FedEx Trade Networks) to provide Customs Brokerage services for the following shipment regardless of port of entry into Canada.

Legal Name of Importer: Garland Manufacturing Roxanne Smead
(Company or Individual)
Business Address: 55 Industrial Park Road
Saco, ME, 04072
Nature of Goods: UHMW PLASTIC PARTS
Phone: (207) 283-3693
Fax: _____
E-mail Address: _____
Tracking Number: 779886377113

The attached invoices represent to the best of my knowledge true and complete values and description of said goods.

All transactions are governed by the FedEx Trade Networks Standard Trading Conditions, which are available upon request.

Signature of Official Representative of Importer: _____

Date of Signature: _____

Fedex Internal Use Only

GST Number: _____
Business Number: _____
Cargo Control Number: _____

GARLAND MFG COMPANY
P.O. BOX 538
SACO, ME 04072
(207) 283-3693

GAR-DUR PLASTIC

RAWHIDE
MALLET AND HAMMERS

Shop Floor Copy

Order Number: 0186534

Order Date: 6/29/2017

Salesperson: 71F

Customer Number: 30-0615903

Sold To:

DART AEROSPACE OEM
1270 ABERDEEN STREET
HAWKESBURY, ON K6A1K7

Confirm To:

Ship To:

DART AEROSPACE OEM
1270 ABERDEEN STREET
HAWKESBURY, ON K6A1K7

Customer P.O.	Ship VIA	Requested Date	Terms
PO36854	FEDERAL EXP	7/26/2017	See FD
Product Code	Description	Units	UOM
310001	FABRICATED PART PN: D5123-5F TO DWG: D5123-5 REV. D	100.00	EACH
310001	FABRICATED PART PN: D5123-7F TO DWG: D5123-7 REV. D	100.00	EACH
310001	FABRICATED PART PN: D4953-1F TO DWG: D4953 REV. C PROCUREMENT QUALITY CLAUSES A005, A007, A016, A017, A026, A041, A042, A043 MAIL SEND CERTS W/ PACKING LIST	50.00	EACH

AUG 15 2017

PACKING LIST

Approx WT: 0.00			
Date Shipped	BDL or Carton	Weight	Quantity

DAS
38
2-89

DEPARTMENT OF THE TREASURY
UNITED STATES CUSTOMS SERVICE
NORTH AMERICAN FREE TRADE AGREEMENT
CERTIFICATE OF ORIGIN

OMB No.1515-0204

Please print or type

19 CFR 181.11 181.22

1. EXPORTER NAME AND ADDRESS

GARLAND MFG COMPANY
55 Industrial Park Road
Saco ME 04072

2. BLANKET PERIOD (DD/MM/YY)

FROM 01/01/17

TO 31/12/17

TAX IDENTIFICATION NUMBER EIN #01-0075100

3. PRODUCER NAME AND ADDRESS

SAME AS ABOVE

4. IMPORTER NAME AND ADDRESS

DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7

TAX IDENTIFICATION NUMBER EIN #01-0075100

TAX IDENTIFICATION NUMBER

5 DESCRIPTION OF GOOD(S)	6 HS TARIFF CLASSIFICATION NUMBER	7 PREFERENCE CRITERION	8 PRODUCER	9 NET COST	10 COUNTRY OF ORIGIN
UHMW PLASTIC	3921.10	A	YES	NO	USA

I CERTIFY THAT:

- THE INFORMATION ON THIS DOCUMENT IS TRUE AND ACCURATE AND I ASSUME THE RESPONSIBILITY FOR PROVIDING SUCH REPRESENTATIONS. I UNDERSTAND THAT I AM LIABLE FOR ANY FALSE STATEMENTS OR MATERIAL OMISSIONS MADE ON OR IN CONNECTION WITH THIS DOCUMENT.
- I AGREE TO MAINTAIN, AND PRESENT UPON REQUEST, DOCUMENTATION NECESSARY TO SUPPORT THIS CERTIFICATE, AND INFORM, IN WRITING, ALL PERSONS TO WHOM THE CERTIFICATE WAS GIVEN OF ANY CHANGES THAT COULD AFFECT THE ACCURACY OR VALIDITY OF THIS CERTIFICATE.
- THE GOODS ORIGINATED IN THE TERRITORY OF ONE OR MORE OF THE PARTIES, AND COMPLY WITH THE ORIGIN REQUIREMENTS SPECIFIED FOR THE GOODS IN THE NORTH AMERICAN FREE TRADE AGREEMENT, AND UNLESS SPECIFICALLY EXEMPTED IN ARTICLE 411 OR ANNEX 401, THERE HAS BEEN NO FURTHER PRODUCTION OR ANY OTHER OPERATION OUTSIDE THE TERRITORIES OF THE PARTIES, AND

• THIS CERTIFICATE CONSISTS OF 1 PAGES, INCLUDING ALL ATTACHMENTS

11a. AUTHORIZED SIGNATURE

11c. NAME (Print or Type)

ROXANNE SMEAD

11e. DATE (DD/MM/YY)

09/08/17

11b. COMPANY

GARLAND MFG COMPANY

11d. TITLE

Export Manager

11f. TELEPHONE
NUMBER

207-283-3693

(Facsimile)

207-283-4834



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO36854**

Purchase Order Date 6/28/2017

PO Print Date 6/28/2017

Page Number 1 of 2

Order From :

VU-GMC01

GARLAND MANUFACTURING CO.
P.O. BOX 538
SACO, MAINE 04072
USA

Ship To : DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

JUN 28 2017

Contact Name

Vendor Phone 207-283-3693

Ship To Contact

Ship To Phone

Ship Via: FedEx Economy collect

Ship Acct:

Buyer

Chantal Lavoie

Customer POID

Customer Tax # 10127-2607

Terms Net 30

Currency USD

FOB Destination-Collect

Line Nbr	Reference Vendor Part Number Line Comments Delivery Comments	Description/ Mfg ID	Req Date/ Taxable Promise Date	CD	Req Qty/ Unit of Measure	PO Unit Price	Extended Price
1	D5123-5F AS PER DWG D5123-5 REV. D B163263	Clamp Cushion	7/24/2017 Yes 7/24/2017	FN	100.00 Each	\$1.35	\$135.00
Line Total:							\$135.00
2	D5123-7F AS PER DWG D5123-7 REV. D B163264	Clamp Cushion	7/24/2017 Yes 7/24/2017	FN	100.00 Each	\$0.96	\$96.00
Line Total:							\$96.00
4	D4953-1F AS PER DWG D4953 REV. C B163556	Cushion	7/24/2017 Yes 7/24/2017	FN	50.00 Each	\$3.25	\$162.50

Note:

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